

U.S. NUCLEAR REGULATORY COMMISSION

DIRECTIVE TRANSMITTAL

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To: NRC Management Directives Custodians

Subject: Transmittal of Directive 7.1, Tort Claims Against the United States

Purpose: Directive and Handbook 7.1 are being revised as a result of a recent senior level agency reorganization and a transfer of functions from the Government Accounting Office to the Department of the Treasury pursuant to Pub. L. 104-53 (November 19, 1995).

Office and Division of Origin: Office of the General Counsel

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Volume: 7 Legal and Ethical Guidelines

Directive: 7.1 Tort Claims Against the United States

Availability: Rules and Directives Branch
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Tort Claims Against the United States

Directive
7.1

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U. S. Nuclear Regulatory Commission

Volume: 7 Legal and Ethical Guidelines

OGC

Tort Claims Against the United States

*(Including Motor Vehicle Accidents Involving NRC
Employees Acting Within the Scope of Their Employment)*

Directive 7.1

Policy

(7.1-01)

It is the policy of the U.S. Nuclear Regulatory Commission to establish procedures to cover tort claims against the United States under the Federal Tort Claims Act for damage to or loss of property or personal injury or death caused by the negligent or wrongful act or omission of any NRC employee while acting within the scope of his or her office or employment under circumstances where the United States, if a private person, would be liable to the claimant under the law where the act or omission occurred. The types of claims where the act does not apply are set forth in 28 U.S.C. 2680. The exception that is most likely to apply to NRC employees is— (011)

(a) Any claim based upon an act or omission of an employee of the Government, exercising due care, in the execution of a statute or regulation, whether or not such statute or regulation be valid, or based upon the exercise or performance or the failure to exercise or perform a discretionary function or duty on the part of a Federal agency or an employee of the Government, whether or not the discretion involved be abused.

Policy

(7.1-01) (continued)

The Federal Tort Claims Act definition of “Federal agency” includes the NRC, but does not include any contractor with the United States. The definition of “employee of the Government” includes NRC employees and persons acting on behalf of NRC in an official capacity, temporarily or permanently in the service of the United States, whether with or without compensation. (012)

Objectives

(7.1-02)

- To ensure that supervisors and the General Counsel¹ are promptly notified of the facts and circumstances surrounding incidents resulting in damage to or loss of property or personal injury or death caused by acts or omissions of NRC employees while acting within the scope of their employment, and to provide for further investigations by the Inspector General, as deemed necessary. (021)
- To promote the prompt settlement of tort claims not arising out of NRC operations. (022)

Organizational Responsibilities and Delegations of Authority

(7.1-03)

The authorities under Sections (031), (032), and (033) may be redelegated in writing, provided copies of the delegation are filed with the Executive Director for Operations or the Secretary of the Commission, as appropriate.

¹Wherever there is a requirement in this directive and handbook for referral to the General Counsel, the matter should be referred in the first instance to the Assistant General Counsel for Administration, Office of the General Counsel.

Organizational Responsibilities and
Delegations of Authority
(7.1-03) (continued)

General Counsel (OGC)
(031)

- Receives reports of accidents and claims on forms described in Part IV of Handbook 7.1. (a)
- Adjusts, determines, compromises, and settles claims that do not exceed \$25,000 under 10 CFR 14.33. (b)
- Consults with the Department of Justice under 10 CFR 14.35 by preparing and presenting a referral or request in writing to the Assistant Attorney General, Civil Division. (c)
- Sends notices of the final denial of claims under 10 CFR 14.37, reconsiders final denials upon request under 10 CFR 14.39, and obtains payment of awards in excess of \$2500 through the Department of the Treasury under 10 CFR 14.41. (d)
- Requests the Inspector General to conduct an investigation when necessary. (e)
- Refers to the appropriate Federal agency under 28 CFR 14.2 any claim that has been incorrectly filed with the NRC and makes agreements with other Federal agencies as to which agency will investigate and decide the merits of a claim when more than one agency is involved. (f)
- Provides legal advice and coordinates litigation with the Department of Justice. (g)
- In the event that a civil action or proceeding is brought in any court against an NRC employee or the employee's estate for

Organizational Responsibilities and Delegations of Authority

(7.1-03) (continued)

General Counsel (OGC)
(031) (continued)

damage to or loss of property, personal injury, or death resulting from the employee's operation of a motor vehicle while acting within the scope of his or her employment: (h)

- Furnishes the United States Attorney for the district where the action or proceeding is brought, and the Branch Director of the Torts Branch, Civil Division, Department of Justice, information concerning the commencement of the action or proceeding and copies of all process papers and pleadings under 28 CFR 15.1. (i)
- Submits a report under 28 CFR 15.2 regarding the question of scope of employment to the United States Attorney, with a copy to the Branch Director of the Torts Branch, at the earliest possible date, or within the time fixed by the United States Attorney upon request. (ii)
- When an NRC current or former employee is being sued or subpoenaed in his or her individual capacity in any Federal or State criminal proceeding, Federal or State civil action, or congressional proceeding: (i)
 - Receives the employee's request for representation by the Department of Justice. (i)
 - Submits a statement to the Civil Division or other appropriate litigating division, Department of Justice, as to whether the employee was acting within the scope of his or her employment, together with a recommendation as to whether representation should be provided. (ii)

Organizational Responsibilities and Delegations of Authority

(7.1-03) (continued)

Inspector General (IG) (032)

Conducts tort claims investigations, as needed, upon the request of the General Counsel. Investigates all claims alleging fraud, waste or abuse, and official misconduct, regardless of whether such claims are compensable under the Federal Tort Claims Act.

Chief Financial Officer (CFO) (033)

Effects payment of tort claims of \$2500 or less under this directive and handbook, 28 U.S.C. 2672, and 10 CFR 14.41(a).

Office Directors and Regional Administrators (034)

- Inform employees and supervisors under their jurisdiction of the requirements of this directive to ensure that employees and supervisors comply with the procedures specified in Handbook 7.1. (a)
- Provide each employee-operator involved in an accident while on official travel with a copy of this directive and handbook. (b)

Applicability (7.1-04)

The policy and guidance in this directive and handbook apply to all NRC employees.

Handbook (7.1-05)

Handbook 7.1 provides the procedures to be followed by NRC employees involved in accidents that may give rise to a tort claim against the United States, and by the supervisors of those employees. These procedures apply to motor vehicle accidents and other types of incidents resulting in damage to or loss of property or personal injury or death of third persons.

Reports (7.1-06)

A list of required forms is contained in Part IV of Handbook 7.1.

References (7.1-07)

Code of Federal Regulations—

“Administrative Claims Under Federal Tort Claims Act,” 10 CFR Part 14.

“Debt Collection Procedures,” 10 CFR Part 15.

“Administrative Claims Under the Federal Tort Claims Act,” 28 CFR Part 14.

“Defense of Certain Suits Against Federal Employees,” 28 CFR Part 15.

“Statements of Policy: Representation of Federal Officials and Employees,” 28 CFR Part 50.

Federal Property Management Regulations, Subchapter G, “Aviation, Transportation and Motor Vehicles,” 41 CFR 10—138 and 101—39.

References

(7.1-07) (continued)

“Compensation for Work Injuries,” 5 U.S.C. 8101.

Federal Tort Claims Act (generally at 28 U.S.C. 2671).

NRC Handbook 4.1, “Accounting Policy and Practices,” claims collection procedures found in Part VII, “Liabilities.”

NRC Management Directive 7.2, “Claims for Personal Property Loss or Damage.”

--- 13.4, “Transportation Management.”

“Time for Commencing Action Against United States,” 28 U.S.C. 2401.

“Tort Claims Procedure,” 28 U.S.C. 2671-2680.

“United States as Defendant,” 28 U.S.C. 1346.

Tort Claims Against the United States

Handbook

7.1

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Part I General

Coverage (A)

The Federal Tort Claims Act waived the Government's sovereign immunity from being sued for the negligent or wrongful act or omission of a Federal employee while acting within the scope of his or her employment only under circumstances where the United States, if a private person, would be liable to the claimant under the law where the act or omission occurred. By listing numerous exceptions, Congress intended that the act would permit suit against the Government only with respect to ordinary common law torts, such as those involving vehicular and other types of accidents.

Scope of Employment (B)

An employee generally is acting within the scope of employment if, at the time of the accident, he or she was engaged in the performance of his or her official duties. If, for example, an employee deviated from the route to or from his or her authorized destination to accomplish a personal objective, or was engaged in some personal activity that was not related to his or her official duties, he or she was not acting within the scope of this employment.

Tort Claims (C)

Tort Claims Against Government Employees (Operating Motor Vehicles) (1)

- If a Federal employee, who was driving a motor vehicle and was acting within the scope of his or her employment, commits a negligent or wrongful act or omission that causes injury or

Tort Claims (C) (continued)

Tort Claims Against Government Employees (Operating Motor Vehicles) (1) (continued)

loss of property, or personal injury or death, the exclusive remedy of the injured party is against the United States.¹ (a)

- Employees should act promptly to complete the reports described in Part IV of this handbook. OGC will then transmit a report on scope of employment to the United States Attorney. If the United States Attorney determines that the employee was acting within the scope of employment, the employee will be provided representation by the United States Attorney's office. (b)
- Employee drivers should also make a full report to their supervisors with respect to any citations that were issued for alleged traffic violations. A plea of guilty to a traffic charge could prejudice the United States Attorney's efforts to avoid civil liability under the Federal Tort Claims Act. The United States Attorney's office might wish to represent the employee at the hearing with respect to the traffic charge. If an employee is sued in a State Court or subpoenaed in his or her individual capacity in any legal proceeding, copies of the process and pleadings should be submitted immediately to his or her supervisor who will submit the documents to OGC. If the United States Attorney determines that the employee was acting within the scope of employment, the State Court proceeding will be removed to the United States District Court. (c)

¹Parts II, III, and IV of this handbook describe the procedures with respect to torts involving motor vehicles.

Tort Claims (C) (continued)

Tort Claims Against Government Employees (Not Operating Motor Vehicles) (2)

The injured party, in this type of tort, can proceed against both the employee and the United States or against either. If an employee is sued, the employee should submit a written request for representation by the Department of Justice under 28 CFR 50.15 to his or her supervisor. The request should be accompanied by a report on scope of employment and copies of all process papers and pleadings served upon him or her.

Time Limitations (D)

Those who seek to recover money damages under the Federal Tort Claims Act must present a claim within 2 years after the claim accrues. A claim generally accrues at the time of the accident. In medical malpractice and some other cases involving claimants who did not realize they had been injured, Courts have held that their claims accrued when the injury was discovered. NRC has 6 months from the time a claim is presented to investigate and attempt to settle the claim. If no action is taken within the 6-month period, or if the claim is denied within the 6-month period, the claimant then has 6 months to commence legal proceedings.

Part II

NRC Employee-Operator Procedures

The following procedures are to be followed by an NRC employee-operator involved in a motor vehicle accident while acting within the scope of employment.

Action by Employee-Operator (A)

The employee-operator shall—

- Notify the police as required by local law. Generally, police must be called if there is any personal injury or if property damage is other than minor. (1)
- Obtain the names, addresses, and telephone numbers of persons involved in the accident and of any witnesses, license numbers of all vehicles involved in the accident, and insurance company affiliations. (2)
- Gather as much information as possible concerning the accident so that the information may be included in the accident report (see Section B of this part). Types of information that would be particularly helpful include acts by other parties that may have caused or contributed to the accident and the insurance coverage of other parties. (3)
- Not sign any statement or furnish any information (other than his or her name and address) to persons other than NRC representatives, unless prior approval of the General Counsel is obtained. *This does not preclude an employee from showing his or her driver's license or vehicle registration to police or from furnishing any other information, as required, to police, but does preclude admitting negligence.* (4)

Action by Employee-Operator (A) (continued)

- File all required reports with State or other official agencies. (5)
- Do nothing to jeopardize his or her insurance coverage. Notify the insurance carrier concerning the accident as soon as practicable, and discuss the accident with the carrier if the carrier so requests. *However, the employee-operator shall not sign any document or statement for the carrier without approval of the General Counsel.* Automobile liability insurance policies customarily provide that the insured must cooperate with the carrier in the investigation and defense of claims. An employee-operator's liability insurance coverage may inure to the benefit of the Government, even though the employee himself or herself may not be liable for damages because the Federal Tort Claims Act passes on his or her liability to the Government. (6)
- Refer other persons involved in motor vehicle accidents or their representatives (such as insurance investigators) to the General Counsel or obtain their names, addresses, telephone numbers, and other pertinent information (such as insurance company affiliation) and transmit the same to the General Counsel. *The employee-operator shall not furnish any document or make any statement to those persons without the approval of the General Counsel.* (7)
- *Not execute a general release or settlement agreement or sign any other document (other than those required by police), unless prior approval of the General Counsel is obtained.* (8)
- With regard to accident reporting— (9)
 - Immediately inform his or her supervisor (by telephone or by telegraph, if necessary) of the accident. (a)

Action by Employee-Operator (A) (continued)

- Promptly complete Standard Form (SF) 91, “Motor Vehicle Accident Report” (Exhibit 1 of this handbook) and furnish it to his or her supervisor. All accidents must be reported on an SF 91, even though other parties involved state that no claim will be filed against the Government or its employees or even if only Government personnel, equipment, vehicles, or property are involved. (b)
- Request that witnesses complete an SF 94, “Statement of Witness” (Exhibit 2 of this handbook) and submit the completed SF 94 to the supervisor. (c)

Expeditious Delivery of Process Papers and Pleadings (B)

The employee-operator shall—

- Advise the supervisor immediately (by telephone or telegraph, if necessary) upon the receipt of any papers (including claim letters, process papers, and pleadings) or any information regarding the commencement of a civil action or proceeding against the employee-operator. (1)
- Deliver all papers served upon the employee-operator or attested true copies immediately to the supervisor. (2)

Injured Employee-Operator (C)

The supervisor shall promptly inform the General Counsel if any employee-operator is physically unable to comply with the preceding instructions so that appropriate actions may be taken.

Part III

Supervisory Procedures

The following procedures are to be followed by the supervisor (or other person designated by the director of the office or division concerned) when an employee-operator is involved in a motor vehicle accident while acting within the scope of his or her employment.

Forwarding of Information (A)

The transmittal of the information covered by paragraphs (1) and (2) of this section must not be delayed by the supervisor pending preparation of the report as required by Section B of this part.

- **Accident Reports.** The supervisor shall immediately notify the General Counsel of any accident involving personal injury or property damage and shall promptly transmit (through applicable supervisory channels) to the General Counsel the following completed standard forms concerning the accident. (1)
 - Standard Form (SF) 91, "Motor Vehicle Accident Report" (Exhibit 1) (a)
 - SF 94, "Statement of Witness" (Exhibit 2) (b)
- **Expeditious Forwarding of Process Papers and Pleadings.** The supervisor shall immediately transmit to the General Counsel all information and papers regarding commencement of a civil action or proceeding against an employee-operator. (2)

Report on Scope of Employment (B)

In order for the United States to be held liable for damages resulting from a motor vehicle accident involving an NRC employee, the employee must have been acting within the scope of his or her employment when the accident occurred. This matter is determined under the law of the State where the accident occurred. A determination of the scope of employment issue cannot be made merely on the basis of conclusory statements by the employee. Therefore, after the employee has completed Sections I through IX of SF 91, "Motor Vehicle Accident Report" (Exhibit 1), the supervisor shall complete Section X of SF 91 and promptly transmit the form to the Office of the General Counsel.

Part IV

Reports and Forms

In order to provide uniformity in the reporting of accidents and to facilitate the processing of claims filed under the Federal Tort Claims Act, the following standard forms must be used.

Reports and Forms Applicable to Motor Vehicle Accidents (A)

Standard Form (SF) 91, "Motor Vehicle Accident Report" (Exhibit 1). (1)

SF 94, "Statement of Witness" (Exhibit 2). (2)

In addition to the above reports, the reports listed in Section C of this part also apply to tort claims arising from motor vehicle accidents. (3)

Reports and Forms Applicable to Other Types of Accidents (B)

SF 94, "Statement of Witness" (Exhibit 2). (1)

In addition to the SF 94, the reports listed in Section C of this part also apply to tort claims arising from these accidents. (2)

Forms Applicable to All Tort Claims (C)

SF 95, "Claim for Damage, Injury, or Death" (Exhibit 3).

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Exhibit 1
Standard Form 91, "Motor Vehicle Accident Report"

MOTOR VEHICLE ACCIDENT REPORT		Please read the Privacy Act State- ment on Page 3.		INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.			
SECTION I - FEDERAL VEHICLE DATA							
1. DRIVER'S NAME (Last, first, middle)			2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		3. DATE OF ACCIDENT		
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS					4b. WORK TELEPHONE NUMBER ()		
5. TAG OR IDENTIFICATION NUMBER	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. DESCRIBE VEHICLE DAMAGE							
SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)							
12. DRIVER'S NAME (Last, first, middle)			13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS				
14a. DRIVER'S WORK ADDRESS					14b. WORK TELEPHONE NUMBER ()		
15a. DRIVER'S HOME ADDRESS					15b. HOME TELEPHONE NUMBER ()		
16. DESCRIBE VEHICLE DAMAGE					17. ESTIMATED REPAIR COST \$		
18. YEAR OF VEHICLE	19. MAKE OF VEHICLE	20. MODEL OF VEHICLE		21. TAG NUMBER AND STATE			
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS					22b. POLICY NUMBER		
					22c. TELEPHONE NUMBER ()		
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED					24b. TELEPHONE NUMBER ()		
24a. OWNER'S NAME(S) (Last, first, middle)							
25. OWNER'S ADDRESS(ES)							
SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)							
26. NAME (Last, first, middle)				27. SEX	28. DATE OF BIRTH		
29. ADDRESS							
30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN			31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	32. LOCATION IN VEHICLE	33. FIRST AID GIVEN BY		
34. TRANSPORTED BY			35. TRANSPORTED TO				
36. NAME (Last, first, middle)				37. SEX	38. DATE OF BIRTH		
39. ADDRESS							
40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN			41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	42. LOCATION IN VEHICLE	43. FIRST AID GIVEN BY		
44. TRANSPORTED BY			45. TRANSPORTED TO				
46. Pedes- trian		a. NAME OF STREET OR HIGHWAY		b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO			
		c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally, in roadway playing, walking, hitchhiking, etc.)					
NSN 7540-00-634-4041 Previous edition not usable							
91-110							
STANDARD FORM 91 PAGE 1 (REV. 2-63) Prescribed by GSA - FPMR 101-30.6							

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Exhibit 1 (continued)

SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)																														
47. DATE OF ACCIDENT	48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (Industrial, business, residential, open country, etc.); Road description).																													
49. TIME OF ACCIDENT	<div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center;">AM</div> <div style="width: 20px; text-align: center;">PM</div> </div>																													
50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED		51. POINT OF IMPACT (Check one for each vehicle)																												
<p>Use one of these outlines to sketch the scene. Write in street or highway names or numbers.</p> <p>a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.</p> <p>Example: → 1 2 ←</p> <p>b. Use solid line to show path before accident and broken line after the accident.</p> <p>c. Show pedestrian by ○</p> <p>d. Show railroad by ++++++</p> <p>e. Place arrow in this circle to indicate NORTH</p> <div style="text-align: center;">○</div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FED</th> <th style="width: 10%;">2</th> <th style="width: 80%;">AREA</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td>a. FRONT</td></tr> <tr><td> </td><td> </td><td>b. R. FRONT</td></tr> <tr><td> </td><td> </td><td>c. L. FRONT</td></tr> <tr><td> </td><td> </td><td>d. REAR</td></tr> <tr><td> </td><td> </td><td>e. R. REAR</td></tr> <tr><td> </td><td> </td><td>f. L. REAR</td></tr> <tr><td> </td><td> </td><td>g. R. SIDE</td></tr> <tr><td> </td><td> </td><td>h. L. SIDE</td></tr> </tbody> </table>		FED	2	AREA			a. FRONT			b. R. FRONT			c. L. FRONT			d. REAR			e. R. REAR			f. L. REAR			g. R. SIDE			h. L. SIDE
FED	2	AREA																												
		a. FRONT																												
		b. R. FRONT																												
		c. L. FRONT																												
		d. REAR																												
		e. R. REAR																												
		f. L. REAR																												
		g. R. SIDE																												
		h. L. SIDE																												
52. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).																														

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)			
53. NAME (Last, first, middle)	54. WORK TELEPHONE NUMBER	55. HOME TELEPHONE NUMBER	
A	56. BUSINESS ADDRESS	57. HOME ADDRESS	
B	58. NAME (Last, first, middle)	59. WORK TELEPHONE NUMBER	60. HOME TELEPHONE NUMBER
	61. BUSINESS ADDRESS	62. HOME ADDRESS	

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)			
63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER	63c. HOME TELEPHONE NUMBER	
63d. BUSINESS ADDRESS	63e. HOME ADDRESS		
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER	64c. POLICY NUMBER	
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST \$	

SECTION VII - POLICE INFORMATION		
68a. NAME OF POLICE OFFICER	68b. BADGE NUMBER	68c. TELEPHONE NUMBER
69. PRECINCT OR HEADQUARTERS	70a. PERSON CHARGED WITH ACCIDENT	70b. VIOLATION(S)

STANDARD FORM 91 PAGE 2 (REV. 2-93)

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Exhibit 1 (continued)

SECTION VIII - EXTRA DETAILS					
SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.					
SECTION IX - FEDERAL DRIVER CERTIFICATION					
<small>In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions. I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.</small>					
71a. NAME AND TITLE OF DRIVER			71b. DRIVER'S SIGNATURE AND DATE		
SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED					
72. ORIGIN			73. DESTINATION		
74. EXACT PURPOSE OF TRIP					
75. TRIP BEGAN		DATE	TIME (Circle one) a.m. p.m.	76. ACCIDENT OCCURRED	
77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)			78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		
79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)			80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED. <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		
81. COMPLETED BY DRIVER'S SUPERVISOR		a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY <input type="checkbox"/> YES <input type="checkbox"/> NO			
		b. COMMENTS			
82a. NAME AND TITLE OF SUPERVISOR		82b. SUPERVISOR'S SIGNATURE AND DATE		82c. TELEPHONE NUMBER ()	

STANDARD FORM 91 PAGE 3 (REV. 2-83)

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Exhibit 1 (continued)

SECTION XI - ACCIDENT INVESTIGATION DATA			
83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", explain below.)			
84. PERSONS INTERVIEWED			
NAME	DATE	NAME	DATE
a.		c.	
b.		d.	
85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)			
SECTION XII - ATTACHMENTS			
LIST ALL ATTACHMENTS TO THIS REPORT			
SECTION XIII - COMMENTS/APPROVALS			
86. REVIEWING OFFICIAL'S COMMENTS			
87. ACCIDENT INVESTIGATOR		88. ACCIDENT REVIEWING OFFICIAL	
a. SIGNATURE AND DATE	a. SIGNATURE AND DATE	a. SIGNATURE AND DATE	a. SIGNATURE AND DATE
b. NAME (First, middle, last)	b. NAME (First, middle, last)	b. NAME (First, middle, last)	b. NAME (First, middle, last)
c. TITLE	c. TITLE	c. TITLE	c. TITLE
d. OFFICE	d. OFFICE	d. OFFICE	d. OFFICE
e. OFFICE TELEPHONE NUMBER ()	e. OFFICE TELEPHONE NUMBER ()	e. OFFICE TELEPHONE NUMBER ()	e. OFFICE TELEPHONE NUMBER ()
*U.S. GPO: 1993-300-892/60160		STANDARD FORM 91 PAGE 4 (REV. 2-93)	

NSN 7540-00-634-4045
94-105

STANDARD FORM 94 (REV. 2-83)
Prescribed by GSA, FPMR 101-39.8

Approved: December 16, 1992
(Revised: August 21, 1997)

STATEMENT OF WITNESS <i>(Attach additional sheets if necessary)</i>		1. DID YOU SEE THE ACCIDENT? a. TIME 4. NO. b. DATE 5. NO.		2. WHEN DID THE ACCIDENT HAPPEN? a. TIME 4. NO. b. DATE 5. NO.		FORM APPROVED O.M.B. NUMBER 3090-0118	
3. WHERE DID THE ACCIDENT HAPPEN? <i>(Give street location and city)</i>							
4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED							
5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?							
6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?							
7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY							
8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY							
						9. IF TRAFFIC CASE, GIVE APPROXIMATE SPEED OF: a. GOVERNMENT VEHICLE Miles per Hr. b. OTHER VEHICLE Miles per Hr.	
10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT (If known)							
a. NAMES				b. ADDRESSES (Include ZIP Code)			
11. HOME ADDRESS (Include ZIP Code)				12. WITNESS (Print Name) <i>Sign here</i>		a. HOME TELEPHONE NO.	
13. BUSINESS ADDRESS (Include ZIP Code)				b. TODAY'S DATE		TELEPHONE NO.	
14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow <i>(Example: → 1 → 2 ←)</i></p> <p>2. Use solid line to show path before accident Broken line after accident</p> </div> <div style="width: 45%;"> <p>3. Show pedestrian by → ○</p> <p>4. Show railroad by + + + + +</p> <p>5. Give names or numbers of streets or highways</p> <p>6. Indicate north by arrow in this circle ○</p> </div> </div>							

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Exhibit 2 (continued)

FILE REFERENCE:

This office has been notified that you witnessed an accident which occurred

It will be helpful if you will answer, as fully as possible, the questions on the other side of this letter. Please read the Privacy Act Statement below.

Your courtesy in complying with this request will be appreciated. An addressed envelope, which requires no postage, is enclosed for your convenience in replying.

Sincerely

Enclosure

Use by the public is voluntary. In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as it is the first step in the Government's investigation of a motor vehicle accident. The principal purposes for which the information is intended to be used are to provide necessary data for use by legal counsel in legal actions resulting from the accident, and to provide accident information/statistics for use in analyzing accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments or agencies, when relevant to civil, criminal, or regulatory investigations or prosecution.

★ U.S. GPO: 1987-181-247/60112

STANDARD FORM 94 BACK (REV. 2-83)

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Exhibit 3

Standard Form 95, "Claim for Damage, Injury, or Death"

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008 EXPIRES 3-31-91	
1. Submit To Appropriate Federal Agency:			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code)		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT		7. TIME (A.M. OR P.M.)
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.					
11. WITNESSES					
NAME		ADDRESS (Number, street, city, State, and Zip Code)			
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)			13b. Phone number of signatory		14. DATE OF CLAIM
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		

95-108
Previous editions not usable.

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

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Exhibit 3 (continued)

PRIVACY ACT NOTICE	
<p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. <i>Authority:</i> The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p>	<p>B. <i>Principal Purpose:</i> The information requested is to be used in evaluating claims.</p> <p>C. <i>Routine Use:</i> See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. <i>Effect of Failure to Respond:</i> Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".</p>
INSTRUCTIONS	
Complete all items - Insert the word NONE where applicable	
<p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF</p> <p>Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.</p> <p>The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 12 of this form.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p>	<p>PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.</p> <p>(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.</p>
<p>Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,</p> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">to Director, Tort Branch Civil Division U.S. Department of Justice Washington, DC 20530</div><div style="width: 45%;">and to the Office of Management and Budget Paperwork Reduction Project (1105-0008) Washington, DC 20503</div></div>	
INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.	
15. Do you carry accident insurance? <input type="checkbox"/> Yes, if yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. <input type="checkbox"/> No	
16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?	17. If deductible, state amount
18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)	
19. Do you carry public liability and property damage insurance? <input type="checkbox"/> Yes, if yes, give name and address of insurance carrier (Number, street, city, State, and Zip Code) <input type="checkbox"/> No	